

CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 63

DECEMBER, 1945

NO. 6

California and Western Medicine

Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco
Phone DOuglas 0062

Address editorial communications to Dr. George H. Kress as
per address above. Address business and advertising commu-
nications to John Hunton.

EDITOR GEORGE H. KRESS, M. D.

Editorial Board

Roster of Editorial Board appears in this issue at beginning of
California Medical Association department. (For page number
of C.M.A. department, see index below.)

Committee on Publications

George W. Walker, Chairman.....	Fresno	1946
F. Burton Jones.....	Vallejo	1947
R. H. Sundberg.....	San Diego	1948
George H. Kress, Secretary-Editor.....	San Francisco	ex officio

Advertisements.—The Journal is published on the seventh of
the month. Advertising copy must be received not later than the
fifteenth of the month preceding issue. Advertising rates will be
sent on request.

BUSINESS MANAGER JOHN HUNTON
Advertising Representative for Northern California
L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 5577)

Copyright, 1944, by the California Medical Association
Subscription prices, \$5 (\$6 for foreign countries); single
copies, 50 cents.

Volumes begin with the first of January and the first of July.
Subscriptions may commence at any time.

Change of Address.—Request for change of address should give
both the old and new address. No change in any address on the
mailing list will be made until such change is requested by
county secretaries or by the member concerned.

**Responsibility for Statements and Conclusions in Original
Articles.**—Authors are responsible for all statements, conclusions
and methods of presenting their subjects. These may or may not
be in harmony with the views of the editorial staff. It is aimed
to permit authors to have as wide latitude as the general policy
of the Journal and the demands on its space may permit. The
right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted
for publication on condition that they are contributed solely to
this Journal. New copy must be sent to the editorial office not
later than the fifteenth day of the month preceding the date of
publication.

Contributions—Length of Articles; Extra Costs.—Original
articles should not exceed three and one-half pages in length.
Authors who wish articles of greater length printed must pay
extra costs involved. Illustrations in excess of amount allowed
by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND
WESTERN MEDICINE has prepared a leaflet explaining its rules
regarding publication. This leaflet gives suggestions on the
preparation of manuscripts and of illustrations. It is suggested
that contributors to this Journal write to its offices requesting a
copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Index for This Volume (opposite)	259
Editorials	259
Editorial Comment	264
Original Articles: Scientific and General	266
Minutes: C.M.A. Council	277
County Societies: Membership; In Memoriam	282
California Physicians' Service	285
Committee on C.M.A. Participation in the War Effort	286
Committee on Organization and Membership	293
Committee on Public Relations	293
Committee on Hospitals, Dispensaries and Clinics	295
Committee on Postgraduate Activities	297
Committee on Public Policy and Legislation	298
Committee on Health and Public Instruction	306
Miscellany: News	307
Press Clippings (Medical)	309
Medical Jurisprudence	311
Twenty-Five Years Ago; State Examining Board	312

EDITORIALS

ON MOTIVATING INFLUENCES AND PER- SONALITIES IN BACK OF PRESIDENT TRUMAN'S HEALTH (SICKNESS) IN- SURANCE MESSAGE, AND ITS IM- MEDIATE LEGISLATIVE EX- PRESSION, SENATOR WAG- NER'S NEW BILL—S. 1606

President Truman's Message.—On Monday,
November 19th the public press carried the story
of the "Message from the President of the United
States, transmitting his request for legislation for
adoption of a National Health Program," sent by
President Truman to the 79th Congress.

On the very same day, press announcements
also stated Senators Robert F. Wagner of New
York and James E. Murray of Montana had in-
troduced Senate Bill S. 1606, in which most of
the recommendations contained in President Tru-
man's message had been incorporated.

The Wagner law now proposed—S. 1606—
differs in some important parts from the prior
Wagner-Murray bill, S. 1050, submitted by Sena-
tors Wagner and Murray on May 24, 1945 (for
reference to latter, see CALIFORNIA AND WESTERN
MEDICINE, June, 1945, p. 307). Concerning such
differences, more later.

However, former S. 1050 and present S. 1606
do contain many procedures much alike, not only
one to the other, but also regarding provisions in-
dicated in President Truman's message. There-
fore, it would be fair to assume the Senators (or
their sponsors, representatives, co-workers or as-
sistants), must have had an audience with the
President of the United States or his assistants,
concerning the drafting of the message Mr. Tru-
man deemed proper to send to Congress on
November 19, 1945.

In making these and other comments that follow
there is no desire on the part of CALIFORNIA AND
WESTERN MEDICINE to give the impression that
this journal would quarrel with the President of
the Nation concerning some of the desirable ob-
jectives in his message, with which the medical
profession has long been in accord. What critical
comment is here expressed, is presented only be-
cause the future health needs of the people of the
United States are the major issues under discus-
sion,—vitally important subjects on which many
physicians have a much more intimate knowledge,
than is possessed by the lay Senators and others
allied with them, who are the sponsors of legis-
lation such as is proposed in S. 1606.

How Much Work Can Any One Man Do?—

When, in contemplation, one considers the multitude of duties devolving upon the President of the United States, the hours given to commitments for diplomatic, political and other conferences, and that in the 24 hours of each day, some time must be taken by him for sleep and personal living, one may conclude (since the National Health Program is only one of other legislative measures of national and other importance now pending on his desk, such as housing and industrial reconversion, return of military personnel to our own shores), it was necessary for the President to rely in large part upon others in his entourage, to aid him in drafting the "National Health Program" as outlined in the message sent by him to Congress on November 19.

Since Senators Wagner and Murray are members of the President's own political party and have been the sponsors of previous Social Security legislation, it would not be unjust to assume that they have been included among the President's advisers. But, in Senators Wagner and Murray, again we deal with two lay legislators, likewise burdened with a multitude of political and other responsibilities. Moreover, their past support of proposed laws of the Wagner-Murray-Dingell type does not make them experts on best ways and means of maintaining a high quality of service in medical care, something far different from activities in their past professional and other careers. However, for argument's sake, it is agreed that the two Senators have read much on the subject of medical care. Also has been noted their willingness to accept many statements, both sound and unsound, used by them in support of some of their biased contentions.

* * *

Who Are the Background Agents or Agencies Sponsoring the Wagner and Similar Bills?

—Since Senators Wagner and Murray have become such prominent protagonists of their theories—(a polite term for some of their promulgations)—it should be evident that they must have had behind them or have been associated with advisers, understudies or assistants who gave them the material they have seen proper to incorporate in drafts of legislation espoused by them.

If so, in turn, the query may be put: Who are some of the persons, groups or organizations that have given or suggested to Senator Wagner of New York, Senator Murray of Montana, and Congressman Dingell of Detroit, the information and material contained in the drafts of their respective bills?

On this point, the *Journal of the American Medical Association*, (*J.A.M.A.*, Dec. 1, 1945, p. 951) states:

"According to Arthur Sears Henning, 'the compulsory health insurance plan is chiefly the brainchild of Isidore S. Falk, research director of the Social Security Board, and Michael M. Davis, a member of the C.I.O. Political Action Committee.'"

An interesting article in *Medical Economics* (November, 1945, p. 36) refers to:

"a 'master plan' of the International Labour Organisation for socializing medicine in all countries of the world. No pipe-dream, this plan is already responsible for the establishment of state medicine in Chile and in New Zealand! Still more significant—though not generally known—is the fact that the Wagner-Murray-Dingell bill in this country was written largely by ILO (International Labor Organization) leaders and that those same leaders are a powerful element in the current campaign for its passage."

From the same article:

"What Americans serve among these experts? For medical planning, there are at least three (none of them physicians): Arthur J. Altmeyer, chairman of the United States Social Security Board; Isidore S. Falk, director of the SSB's Bureau of Research and Statistics; and Wilbur Cohen, its assistant director."

Also, from the article another paragraph, with an illuminating footnote:

"Of particular significance to the medical and allied professions is the International Labour Conference held in Philadelphia in 1944. At that session delegates* adopted a medical care recommendation embracing 114 detailed proposals to guide the member states in developing their health services. A majority of the 114 proposals are embodied directly or by implication in the Wagner-Murray-Dingell bill of 1945 (S. 1050)."

* * *

Physicians should give the President's Message and S. 1606 Careful Thought.—It is important that physicians keep in mind the background activities above referred to, since, if as stated, outside lay forces are the insidious or other promoters of the persistent propagandist campaigns on the desirability of having the United States legally adopt "Compulsory Health Insurance" (Compulsory Sickness Insurance) it follows that Doctors of Medicine practicing in the United States should immediately and collectively become aware of that important fact!

Otherwise, as in recent years, hundreds of thousands of Americans will continue to be misled through the unsound philosophies and misinformation so insistently put forward by the proponents of a regimented, compulsory system of medical care.

If legislation such as has been proposed by Senators Wagner and Murray is enacted into law, the physical and other welfare of present and future generations of Americans will be greatly imperiled! Physicians cannot evade their responsibility to aid in preventing such a calamity. Something more than "alertness against sabotage" is indicated.

It behooves physicians, everywhere, to study

* The U. S. delegation was composed of the following persons (none of them physicians) representing the groups specified:

Government—Senator Elbert D. Thomas (D., Utah), delegate; Assistant Secretary of State Adolphe A. Berle, Jr., substitute delegate for Miss Frances Perkins, the official delegate; Frieda S. Miller, Otis E. Mulliken, Charles W. Taussig, A. Ford Hinrichs, and Isador Lubin, advisers.

Management—Henry I. Harriman, former president, U. S. Chamber of Commerce, delegate; Henry S. Dennison, Charles Redding, and Clarence G. McDavitt, advisers.

Labor—Robert J. Watt, American Federation of Labor, delegate; William Green, president, American Federation of Labor, adviser; George Meany, adviser.

the implications contained in President Truman's message*, and equally important, its legislative symbol, as expressed in the Wagner-Murray bill, S. 1606, which by indirection, now has the sanction of the Chief Executive of the United States.

To recapitulate:

(1) What kind of a medical profession would S. 1606 produce in the days to come?

(2) What kind of medical care would future generations of Americans receive under the proposed laws?

These are questions worthy of serious thought by all Americans.

**ON SELECTIVE SERVICE STATISTICS—TWO
INTERPRETATION METHODS: ONE BY
THE PRESIDENT OF THE UNITED
STATES, THE OTHER BY AN EX-
PRESIDENT OF THE CALIFOR-
NIA MEDICAL ASSOCIATION**

Selective Service Statistics in President Truman's Message as a Basis for Later Recommendations.—Document 380 of the 1st Session of the 79th Congress is signed by Harry S. Truman, The White House, November 19, 1945. This document is President Truman's message on a "National Health Program" and was referred in the House of Representatives "To the Committee of the Whole House on the State of the Union and ordered to be printed".

Commencing at the bottom of the first page, President Truman started his statement concerning rejection statistics publicized by the U. S. Selective Service System. The figures presented were evidently intended to lay the foundation for subsequent comment, and to indicate changes that should be made in the existing system of medical care.

In other words, the Selective Service statistics were presumably used to furnish premises to conclusions applied and incorporated on the same day in Wagner-Murray bill, S. 1606.

The ease with which the Selective Service figures may be misinterpreted has been outlined in recent issues of *J.A.M.A.* and other publications.

Below appear excerpts from President Truman's message of November 19, after which are given quotations from the address of Dr. Lowell S. Goin, retiring president of the California Medical Association presented by him this year in Los Angeles, and printed in *CALIFORNIA AND WESTERN MEDICINE* for May, 1945.

Readers of *CALIFORNIA AND WESTERN MEDICINE* should peruse what President Truman had to say concerning Selective Service figures, and then scan Dr. Goin's analysis and breakdown of practically the same statistics, given some six months before President Truman sent his "National Health Program" to Congress.

* * *

How President Truman used Selective Service Statistics.—Herewith, excerpts from President Truman's message:

* In this issue President Truman's Message appears on page 270. Press comments on pages 298-304.

"The people of the United States received a shock when the medical examinations conducted by the Selective Service System revealed the widespread physical and mental incapacity among the young people of our Nation. We had had prior warnings from eminent medical authorities and from investigating committees. The statistics of the last war had shown the same condition. But the Selective Service System has brought it forcibly to our attention recently in terms which all of us can understand.

"As of April 1, 1945, nearly 5,000,000 male registrants between the ages of 18 and 37 had been examined and classified as unfit for military service. The number of those rejected for military service was about 30 per cent of all those examined. The percentage of rejection was lower in the younger age groups and higher in the higher age groups, reaching as high as 49 per cent for registrants between the ages of 34 and 37.

"In addition, after actual induction, about a million and a half men had to be discharged from the Army and Navy for physical or mental disability, exclusive of wounds; and an equal number had to be treated in the armed forces for diseases or defects which existed before induction.

"Among the young women who applied for admission to the Women's Army Corps there was similar disability. Over one-third of those examined were rejected for physical or mental reasons.

"These men and women who were rejected for military service are not necessarily incapable of civilian work. It is plain, however, that they have illnesses and defects that handicap them, reduce their working capacity, or shorten their lives."

* * *

Selective Service Statistics as Broken Down by Ex-C.M.A. President Goin.—Having read the above, check may now be made with Dr. Goin's analysis:

"SELECTIVE SERVICE STATISTICS

"Since the five million 4F's are so frequently invoked, and since it is at first glance so shocking a figure, let us examine it in some detail. One difficulty with the argument is that intellectually it is not very honest. In Senator Pepper's interim report the figure is announced on page one not as five million, but as four-and-one-half million but on page three of the same report the graph discloses the true figure to be 4,217,000. An error of 13½ per cent can scarcely be considered insignificant.

"Of the total number rejected 444,800 were rejected as manifestly disqualified, that is to say the totally blind, the totally deaf, the deaf-mutes, the legless, the armless and so forth. It seems perfectly obvious that no program of medical care could have influenced this figure.

"701,700 were rejected for mental disease. Again I don't know of a program of medical care which would have prevented mental disease in these unfortunate people.

"582,100 were rejected for mental deficiency, that is to say that they were the imbeciles, the idiots and the morons. The most casual knowledge of eugenics would persuade anyone that this group does not constitute a medical problem, and these three groups together reach the large total of 1,727,600.

"When these have been excluded there remain 2,426,500 or somewhat less than half of the originally claimed five-million.

"Of this group 320,000 were rejected for muscular-skeletal defects, that is to say the clubfoot, the paralytic, the withered arm, the congenitally dislocated hip and so forth. Again I wonder what program of medical care might have made this group fit for military service.

"280,000 were rejected for syphilis. The statute books are already loaded with laws regarding syphilis. There